

Asset Disposal Request Form

Date of Request:

Requestor Name:

Department:

Contact Information:

Asset Details

Asset Tag/ID	Description	Model/Serial Number	Acquisition Date	Estimated Value	Reason for Disposal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Obsolete <input type="button" value="v"/>

Proposed Disposal Method

☐ Donation ☐ Recycling ☐ Sale ☐ Discard

Additional Information/Comments

Approvals

Position	Name	Signature	Date
Department Head	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance Office	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Request

Note: Please attach supporting documents (e.g., photos, inspection reports) as needed.